

<i>SERFF Tracking Number:</i>	<i>NYLX-125490236</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38185</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022401A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022401A01</i>		

Filing at a Glance

Company: New York Life Insurance Company			
Product Name: CP Adv Natl Cons - Prod Spec	SERFF Tr Num: NYLX-125490236	State: ArkansasLH	
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 38185	
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTCAR0022401A01	State Status: Filed-Closed	
Filing Type: Advertisement	Co Status:	Reviewer(s): Harris Shearer	
	Author: SPI NewYorkLifeInsCoLTC	Disposition Date: 07/17/2008	
	Date Submitted: 02/15/2008	Disposition Status: Filed-Closed	
Implementation Date Requested: 03/17/2008		Implementation Date:	
State Filing Description:			

General Information

Project Name: CP Adv Natl Cons - Prod Spec	Status of Filing in Domicile:
Project Number: LTCAR0022401A01	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/17/2008	
State Status Changed: 07/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
February 11, 2008	

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

SERFF Tracking Number: NYLX-125490236 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 38185
Company Tracking Number: LTCAR0022401A01
TOI: LTC03I Individual Long Term Care *Sub-TOI:* LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0022401A01

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number: 364106CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement an invitation to inquire about long-term care insurance. The form is a ghost written article that will be used by agents as publicity and informational handout available to prospects, clients and the general public.

Certain information has been bracketed as variable, such as statistical/source information, Agent Name and Agent Phone number.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Sr. Contract and Compliance Associate

SERFF Tracking Number: NYLX-125490236 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 38185
Company Tracking Number: LTCAR0022401A01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0022401A01
Attachment(s)

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com
Associate
6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]
Austin, TX 78730-5006 (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
6200 Bridge Point Parkway Suite 400 Group Code: 826 Company Type:
Austin, TX 78730 Group Name: State ID Number:
(512) 703-5555 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990379914	\$25.00	02/15/2008

SERFF Tracking Number:	NYLX-125490236	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	38185
Company Tracking Number:	LTCAR0022401A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022401A01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

<i>SERFF Tracking Number:</i>	<i>NYLX-125490236</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38185</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022401A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022401A01</i>		

Disposition

Disposition Date: 07/17/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125490236	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	38185
Company Tracking Number:	LTCAR0022401A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022401A01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	AR CvrLtr (02-11-08), AR NAIC Trans ,	Filed-Closed	Yes
	AR Fee Schedule Form (02-11-08)		
Form	Ghostwritten Article-What is LTC	Filed-Closed	Yes

SERFF Tracking Number:	NYLX-125490236	State:	Arkansas
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Form Schedule

Lead Form Number:

Review	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Filed-	364106CV	Advertising	Ghostwritten Article-	Initial		0	364106CV.P
Closed			What is LTC				DF

What is Long-Term Care?

You probably know someone who has needed long-term care. Maybe you have witnessed a family member, friend or colleague struggle with the emotional and financial issues that can come with a long-term care experience. The truth is, no matter when the need arises, because of age, disability, or because of an unexpected illness or accident, long-term care can affect any age group, any social strata, and any geographic location. But what is it and how can you plan for it?

What is Long-Term Care?

Long-term care is help you may need due to a lengthy illness, an unexpected injury or accident, or a severe cognitive disorder such as Alzheimer's disease. It's assistance with the everyday tasks, or the activities of daily living (bathing, eating, dressing, toileting, transferring, and continence). Long-term care may be provided in a variety of locations, from nursing homes and assisted living facilities to adult day care centers and even your own home.

Who needs Long-Term Care?

Most of us strive to live active, healthy lives well into our later years, and indeed as a society, Americans are living longer than ever before. This extended longevity is one of the things that drives the growing need for long-term care – the longer we live, the better the odds that we may need long-term care services. [It is predicted that in the year 2020, some 12 million older Americans are expected to need long-term care¹.]

While the majority of long-term care services is provided for seniors, a surprising amount of long-term care services are provided to younger people. [In fact, the U.S. Government Accountability Office estimates that 40% of the 13 million people receiving long-term care services are between ages 18 and 64².]

Who pays for Long-Term Care?

Long-term care can be expensive, financially and emotionally. An unexpected need for long-term care can have a significant impact on a family's assets and lifestyle. [Close to one-fourth of all nursing home costs are paid out-of-pocket by individuals and their families³.]

Many people mistakenly believe that their health insurance will cover the cost of long-term care. Others believe that Medicare or Medicaid will cover long-term care expenses. While Medicare does provide health coverage for seniors, it is limited in the coverage it provides for long-term care. Medicaid will pay for the cost of long-term care, but you must qualify by meeting strict income and asset eligibility requirements.

Long-term care insurance could be a solution.

Long-term care insurance can be a very smart way to address the challenges from a long-term care need. Long-term care insurance can help pay for nursing home care, as well as, a variety of home and community based care services. Long-term care insurance may not be for everybody,

¹ [Health Insurance Association of America. A Guide to Long-Term Care Insurance. 2007. Page 2]

² [Health Insurance Association of America. A Guide to Long-Term Care Insurance. 2007. Page 2]

³ [Health Insurance Association of America. A Guide to Long-Term Care Insurance. 2007. Page 4]

so if you are considering a policy, read it carefully and be sure to work with an insurance agent who understands long-term care issues.

With long life comes long-term planning. Make a plan for you and your family today. For more information on long-term care insurance, please contact [Agent Name,] Agent, New York Life Insurance Company at [Agent Phone Number].

The purpose of this piece is solicitation of insurance. An insurance producer (agent) may contact you. New York Life Insurance Company long-term care insurance is issued on policy form series ILTC-5000 and INH-5000 with a state identifier and edition date. Example: Examples: for Idaho ILTC-5000 (ID) (1001) and INH-5000 (ID) (1001) and for North Carolina ILTC-5000 (NC) (1001) (Rev. 0606) and INH-5000 (NC) (100) (Rev. 0606) and for Pennsylvania ILTC-5000 (PA) (1001), FLTC-5000 MLP (PA) (0503), for Tennessee ILTC-5000 (TN) (1001) and INH-5000 (TN) (1001) and for Texas ILTC-5000 (TX) (0305) and INH-5000 (TX) (0305). New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

<i>SERFF Tracking Number:</i>	<i>NYLX-125490236</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38185</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022401A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125490236	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	38185
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Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022401A01		

Supporting Document Schedules

Satisfied -Name:	AR CvrLtr (02-11-08), AR NAIC Trans , AR Fee Schedule Form (02-11-08)	Review Status:	Filed-Closed	07/17/2008
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Comments:

Attachments:

AR CvrLtr (02-11-08).PDF

AR NAIC Trans .PDF

AR Fee Schedule Form (02-11-08).PDF



New York Life Insurance Company

Long-Term Care Division

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800--723-5555 x 5584

Fax: 512-703-5564

E-mail: sbyrnes@newyorklifelife.com

www.newyorklifelife.com

Susan Byrnes

Senior Contracts and Compliance Associate

February 11, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number: 364106CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement an invitation to inquire about long-term care insurance. The form is a ghost written article that will be used by agents as publicity and informational handout available to prospects, clients and the general public.

Certain information has been bracketed as variable, such as statistical/source information, Agent Name and Agent Phone number.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Susan Byrnes".

Susan Byrnes
Sr. Contract and Compliance Associate

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document


1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
	N/A						


3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584	512-703-5575	sbyrnes@newyorklifeltc.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____		
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6.	Company Tracking Number	364106CV		
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____		
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> Group </div> <div style="width: 55%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>		
9.	Type of Insurance	LTC 03I Individual Long-Term Care		
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>		
11.	Submitted Documents	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Advertising </div> </div> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>		

12.	Filing Submission Date	February 11, 2008	
13.	Filing Fee (If required)	Amount <u>\$25.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.</p> <p>We consider this advertisement an invitation to inquire about long-term care insurance. The form is a ghost written article that will be used by agents as publicity and informational handout available to prospects, clients and the general public.</p> <p>Certain information has been bracketed as variable, such as statistical/source information, Agent Name and Agent Phone number.</p> <p>We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p></p> <p>Susan Byrnes Sr. Contract and Compliance Associate</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature  Date <u>February 11, 2008</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Ghostwritten Article Advertising	364106CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
15			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
17			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
18			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
20			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
21			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
22			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
23			<input type="checkbox"/> Other _____	N/A N N/A N/A /A
			<input type="checkbox"/> Initial	
24			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
25			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
26			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

LH-FFA-2

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			%	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

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*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401